SUPPLEMENT TO THE

BRITISH MEDICAL JOURNAL

LONDON SATURDAY SEPTEMBER 1 1945

BRITISH MEDICAL ASSOCIATION

COUNCIL AND COMMITTEES FOR 1945–6

COUNCIL

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Mr. H. S. Souttar, London (*President*).
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Dr. H. Guy Dain, Birmingham (*Chairman of Council*).
Dr. J. W. Bone, Luton (*Treasurer*).
Dr. Peter Macdonald, York (*Immediate Past-Chairman of Representative Body*).
Dr. E. A. Gregg, London (*Deputy Chairman of Representative Body*).

Twenty-two Elected by Branches in the United Kingdom

England and Wales:

Dr. F. H. Bodman, Bristol.
Dr. J. A. Brown, Birmingham.
Mr. L. Dougal Callander, Doncaster.
Dr. E. C. Dawson, Derby.
Dr. F. Gray, London.
Dr. W. V. Howells, Swansea.
Dr. J. A. Ireland, Shrewsbury.
Mr. R. Kennon, Liverpool.
Mr. A. M. A. Moore, London.
Mr. R. L. Newell, Cheadle, Cheshire.
Dr. J. A. Pridham, Weymouth.
Dr. C. M. Stevenson, Cambridge.
Dr. H. H. D. Sutherland, London.
Dr. J. G. Thwaites, Brighton.
Dr. N. E. Waterfield, Little Bookham.
Mr. Weldon Watts, Newcastle-upon-Tyne.
Vacancy.

Scotland:

Dr. P. Martin Brodie, Edinburgh.
Dr. I. D. Grant, Glasgow.
Dr. G. MacFeat, Douglas, Lanarkshire.
Mr. John H. Otty, Aberdeen.

Northern Ireland:

Mr. C. J. A. Woodside, Belfast.

Nine Elected by Branches not in United Kingdom

Dr. J. P. Shanley, Dublin (*Branches in Eire*).
Dr. Isaac Jones, London (*South Australian, Tasmanian, Victorian, and Western Australian Branches*).
Prof. R. J. A. Berry, Ormskirk (*New South Wales and Queensland Branches*).
Dr. W. Irving, Winchester (*Fiji and New Zealand Branches*).
Dr. H. B. Morgan, M.P., London (*West Indian Branches*).
Col. A. H. Proctor, Southport (*Grouped Indian Branches*).
Mr. J. L. Gilks, Petersfield (*Northern Africa, etc., Branches*).
Mr. L. R. Broster, London (*Branches in Union of South Africa*).
Dr. O. Marriott, Merstham (*Hong Kong and China, and Malaya Branches*).

Twelve Elected by Grouped Representatives

England and Wales:

Dr. O. C. Carter, Bournemouth.
Dr. R. W. Cockshut, London.
Dr. H. R. Frederick, Port Talbot.
Mr. A. Staveley Gough, Watford.
Dr. J. A. L. Vaughan Jones, Leeds.
Mr. D. R. Owen, Chester.
Dr. A. Talbot Rogers, Bromley, Kent.
Dr. S. Wand, Birmingham.
Mr. A. Dickson Wright, London.

Scotland:

Dr. W. D. Frew, Kilmarnock.
Mr. I. Simson Hall, Edinburgh.

Northern Ireland:

Dr. J. M. Hunter, Portrush.

Eight Elected by Representative Body

Dr. J. C. Arthur, Low Fell.
Dr. A. Beauchamp, Birmingham.
Prof. A. H. Burgess, Cheadle, Cheshire.
Mr. V. Zachary Cope, London.
Dr. W. E. Dornan, Sheffield.
Dr. R. Forbes, London.
Dr. R. G. Gordon, Limpley Stoke.
Dr. A. Smith Pool, Glasgow.

Two Elected by Public Health Service Members

Dr. J. Fenton, London.
Dr. R. H. H. Jolly, Wolverhampton.

Service Representatives

Vacancy (*Royal Naval Medical Service*).
Major-General R. W. D. Leslie, Nottingham (*R.A.M.C.*).
Air Marshal Sir Victor Richardson, Gerrards Cross (*Medical Branch, Royal Air Force*).
Major-General R. H. Candy, London (*Indian Medical Service*).

One Woman elected by Women Members

Dr. Janet K. Aitken, London.

STANDING COMMITTEES

(*Note:* The President, Chairman of Representative Body, Chairman of Council, and Treasurer are members, *ex officio*, of all Standing Committees.)

Central Ethical Committee

Dr. E. C. Dawson, Derby.
Dr. R. Forbes, London.
Dr. H. R. Frederick, Port Talbot.
Dr. I. G. Innes, Hull.
Dr. L. Kilroe, Rochdale.
Dr. J. R. Langmuir, Glasgow.
Mr. L. A. Parry, Hove.
Dr. C. M. Stevenson, Cambridge.
Dr. H. H. D. Sutherland, London.
Dr. J. G. Thwaites, Brighton.
Dr. N. E. Waterfield, Little Bookham.
Dr. D. F. Whitaker, Guildford.

Charities Committee

Dr. Janet K. Aitken, London.
Dr. Barbara M. L. Abercromby, Liverpool.
Dr. R. Melville Hiley, St. Fagans.
Dr. D. McKail, Glasgow.
Dr. H. W. Pooler, Ashover, nr. Chesterfield.
Dr. H. Robinson, Brentwood.
Dr. A. Lyndon, Hindhead (Representative of Association on Council of Epsom College).
Mr. A. Dickson Wright, London (Representative of Association on Committee of Management of the Royal Medical Benevolent Fund).

Dominions, India, Colonies, and Dependencies Committee

Dr. A. Baldie, London.
Prof. R. J. A. Berry, Ormskirk.
Mr. L. R. Broster, London.
Mr. J. L. Gilks, Petersfield.
Dr. C. J. Grosch, London.
Dr. W. Irving, Winchester.
Dr. Isaac Jones, London.
Dr. O. Marriott, Merstham.
Dr. H. B. Morgan, M.P., London.
Dr. W. Paterson, London.
Col. A. H. Proctor, Southport.
Dr. J. P. Shanley, Dublin.
Mr. Eric Steeler, London.

Finance Committee

The Chairmen of the following Committees: Organization, Journal, Science, General Practice, Central Ethical, and Insurance Acts.
Dr. H. Alexander, London.
Dr. T. Gardner, Pontefract.
Dr. J. T. McCutcheon, Glasgow.
Dr. K. M. Macdonald, Consett.

General Practice Committee

Dr. H. W. Bowyer, Bolton.
Dr. O. C. Carter, Bournemouth.
Dr. R. Forbes, London.
Dr. I. D. Grant, Glasgow.
Dr. F. Gray, London.
Dr. J. A. Ireland, Shrewsbury.
Dr. J. A. L. Vaughan Jones, Leeds.
Dr. D. T. McDonald, Belford.
Mr. D. R. Owen, Chester.
Dr. A. T. Rogers, Bromley.
Dr. H. H. D. Sutherland, London.
Dr. S. Wand, Birmingham.
1 member to be appointed by each of the following Committees: Special Practice, Public Health, Hospitals, Insurance Acts.
With power to co-opt not more than three additional members.

Hospitals Committee

Prof. A. H. Burgess, Cheadle, Cheshire.
Mr. L. Dougal Callander, Doncaster.
Dr. R. G. Gordon, Limpley Stoke.
Mr. A. Staveley Gough, Watford.
Mr. I. Simson Hall, Edinburgh.
Dr. Peter Macdonald, York.
Dr. W. S. Macdonald, Leeds.
Mr. R. L. Newell, Cheadle, Cheshire.
Dr. F. A. Roper, Exeter.
Mr. Weldon P. T. Watts, Newcastle-upon-Tyne.
1 member to be appointed by the Public Health Committee.
1 member to be nominated by the Medical Superintendents' Society.
With power to co-opt three additional members.

Insurance Acts Committee

Chairman of the Local Medical and Panel Conference.

Six elected by Representative Body:

Dr. F. Gray, London.
Dr. D. L. S. Johnston, Halifax.
Dr. J. F. Lambie, Glasgow.
Dr. Mona Macnaughton, Newcastle-upon-Tyne.
Dr. S. Wand, Birmingham.
1 vacancy (Northern Ireland).

With twenty-seven Direct Representatives of Local Medical and Panel Committees in Great Britain and Northern Ireland, six to be elected by the Annual Conference of Representatives of Local Medical and Panel Committees, one nominated by the Hospitals Committee, one nominated by the Medical Women's Federation, one nominated by the Society of Medical Officers of Health, with power to co-opt.

Journal Committee

Dr. O. C. Carter, Bournemouth.
Dr. R. W. Cockshut, London.
Dr. Mary Esslemont, Aberdeen.
Dr. R. G. Gordon, Limpley Stoke.
Dr. W. N. Leak, Winsford.
Dr. J. C. Matthews, Downton.
Dr. L. J. Picton, Holmes Chapel.
Dr. H. Robinson, Brentwood.
Chairman of the Central Ethical Committee.
1 member to be appointed by the Organization Committee.

Naval and Military Committee

Dr. R. C. L. Burges, Birmingham.
Major-General R. H. Candy, London.
Col. A. M. Johnson, Bury.
Major-General R. W. D. Leslie, Nottingham.
Col. A. H. Proctor, Southport.
Air Marshal Sir Victor Richardson, Gerrards Cross.
Dr. R. J. Toleman, Oxford.
1 vacancy.
1 representative from each of the following: Royal Naval Medical Service, Royal Army Medical Corps, Royal Air Force Medical Service, Indian Medical Service, Royal Naval Volunteer Reserve, Royal Army Medical Corps (Territorial Army).

Northern Ireland Committee

President and Honorary Secretary of the Northern Ireland Branch.

Members of Council representing Northern Ireland Branch:

Dr. J. M. Hunter, Portrush.
Mr. C. J. A. Woodside, Belfast.

1 representative elected by each Division in Northern Ireland Branch.

Organization Committee

Dr. R. W. Cockshut, London.
Dr. W. E. Dornan, Sheffield.
Dr. F. E. Gould, Birmingham.
Dr. F. Gray, London.
Dr. J. C. Matthews, Downton.
Dr. J. A. Pridham, Weymouth.
Dr. F. A. Roper, Exeter.
Capt. S. Laurie Smith, Brookwood.

Public Health Committee

Dr. R. Gordon Cooke, Derby.
Dr. H. H. Goodman, Newcastle-upon-Tyne.
Dr. J. M. Gibson, Huddersfield.
Prof. J. Johnstone Jervis, Leeds.
Dr. P. Macdonald, York.
Dr. N. Pick, Barnsley.

Dr. D. S. Pracy, Atherstone.
Dr. J. A. Pridham, Weymouth.
Dr. J. Riddell, Edinburgh.
Dr. C. O. Stallybrass, Liverpool.

Two Members of Council elected by Public Health Service Members:

Dr. J. Fenton, London.
Dr. R. H. H. Jolly, Wolverhampton.

2 members to be nominated by the Society of Medical Officers of Health.
1 member to be appointed by the General Practice Committee.
1 member to be appointed by the Hospitals Committee.
With power to co-opt 3 additional members.

Science Committee

Mr. A. Lawrence Abel, London.
Prof. R. S. Aitken, Aberdeen.
Mr. V. Zachary Cope, London.
Sir Henry H. Dale, London.
Dr. R. P. St. L. Liston, Manchester.
Mr. A. M. A. Moore, London.
Mr. L. S. Pyrah, Leeds.
Mr. Eric Steeler, London.
Prof. R. J. Willan, Newcastle-upon-Tyne.
Mr. A. Dickson Wright, London.

Scottish Committee

Members of Council who represent Scottish Branches:

Dr. P. Martin Brodie, Edinburgh.
Dr. W. D. Frew, Kilmarnock.
Dr. I. D. Grant, Glasgow.
Mr. I Simson Hall, Edinburgh.
Dr. G. MacFeat, Douglas, Lanarkshire.
Mr. John H. Otty, Aberdeen.

23 Members elected by Divisions in Scotland.
1 nominated by Royal College of Physicians, Edinburgh.
1 nominated by Royal College of Surgeons, Edinburgh.
1 nominated by Royal Faculty of Physicians and Surgeons of Glasgow.
With power to co-opt not more than 2.

Special Practice Committee

Prof. A. H. Burgess, Cheadle, Cheshire.
Mr. Hugh Carson, Birmingham.
Dr. H. Gainsborough, London.
Mr. A. M. A. Moore, London.
Mr. D. Watson, Bradford.
Dr. A. Lucas Young, Eastbourne.
3 appointed by the Consultants and Specialists Group Committee for England and Wales.
1 appointed by the Consultants and Specialists Group Committee for Scotland.
1 appointed by the Consultants and Specialists Group Committee for Northern Ireland.
1 appointed by the General Practice Committee.
1 appointed by the Public Health Committee.
1 appointed by the Hospitals Committee.
1 appointed by the Insurance Acts Committee.
Each committee of any other Special Group of which the members are engaged predominantly in private consulting or specialist practice shall have power to appoint 1 additional member—namely, Radiologists, Full-time Non-Professorial Medical Teachers, Laboratory and Research Workers, Ophthalmic, Pathologists, Psychological Medicine, Orthopaedic, Spa Practitioners, Physical Medicine.

Welsh Committee

Members of Council representing Branches in Wales and Monmouthshire:

Dr. H. R. Frederick, Port Talbot.
Dr. W. V. Howells, Swansea.
Dr. J. A. Ireland, Shrewsbury.

Secretaries of the Welsh Branches:

Mr. D. N. Rocyn Jones, Cardiff.
Dr. L. W. Jones, Llanfairpwll.

Chairman and Secretaries of Welsh Standing Contract Practice Subcommittee.
1 member appointed by each Division wholly situate in Wales, including Monmouthshire.
With power to co-opt not more than 2.

GROUP COMMITTEES

Consultants and Specialists Group Committee

England and Wales:

Mr. D. A. Abernethy, Oxford.
Dr. R. H. Balfour Barrow, Winchester.
Dr. Geoffrey Bourne, London.
Mr. R. St. L. Brockman, Sheffield.
Dr. J. M. H. Campbell, London.
Prof. P. C. P. Cloake, Birmingham.
Dr. S. Whately Davidson, Newcastle-upon-Tyne.
Dr. C. J. Fuller, Exeter.
Prof. W. MacAdam, Leeds.
Mr. H. J. McCurrich, Hove.
Mr. S. A. S. Malkin, Nottingham.
Mr. J. T. Morrison, Liverpool.
Prof. J. A. Nixon, Bristol.
Mr. L. E. C. Norbury, London.
Dr. B. T. Parsons-Smith, London.
Prof. H. Platt, Manchester.
Dr. F. Roberts, Cambridge.
Prof. G. I. Strachan, Cardiff.

Scotland:

Prof. R. C. Alexander, Dundee.
Dr. G. A. Allan, Glasgow.
Mr. R. L. Beveridge, Dumfries.
Dr. John Eason, Edinburgh.
Dr. A. Garrow, Glasgow.
Dr. John Henderson, Glasgow.
Dr. F. K. Smith, Aberdeen.

Northern Ireland:

Dr. F. M. B. Allen, Belfast.
Dr. Sloan M. Bolton, Portrush.
Prof. P. T. Crymble, Belfast.
Mr. S. T. Irwin, Belfast.
Prof. C. G. Lowry, Belfast.
Mr. C. H. G. Macafee, Belfast.
Dr. I. H. McCaw, Belfast.
Dr. F. P. Montgomery, Belfast.
Prof. W. W. D. Thomson, Belfast.
Mr. J. R. Wheeler, Belfast.

Full-time Non-professorial Medical Teachers, Laboratory and Research Workers Group Committee

Dr. D. P. Cutherbertson, London.
Dr. M. Grace Eggleton, Leatherhead.
Dr. F. S. Fowweather, Leeds.
Capt. A. D. T. Govan, Birmingham.
Dr. H. L. H. H. Green, Cambridge.
Dr. W. E. Gye, London.
Dr. A. C. Lendrum, Glasgow.
Dr. W. Susman, Manchester.

Ophthalmic Group Committee

(*Shortly to be elected*)

Orthopaedic Group Committee

Mr. W. Rowley Bristow, West Byfleet.
Mr. B. H. Burns, London.
Mr. N. St. J. G. D. Buxton, London.
Mr. V. H. Ellis, London.
Mr. F. W. Holdsworth, Sheffield.
Mr. S. A. S. Malkin, Nottingham.
Prof. H. Platt, Manchester.
2 vacancies.

Pathologists Group Committee

Dr. S. C. Dyke, Tettenhall.
Dr. J. S. Faulds, Carlisle.
Dr. F. S. Fowweather, Leeds.
Dr. G. W. Goodhart, London.
Dr. J. G. Greenfield, Enfield.
Dr. A. G. Shera, Eastbourne.
Dr. A. F. S. Sladden, Swansea.
Dr. F. B. Smith, Preston.
Dr. Janet M. Vaughan, Slough.

Physical Medicine Group Committee

Dr. P. Bauwens, London.
Dr. C. W. Buckley, Buxton.
Dr. F. S. Cooksey, Epsom.
Dr. J. Cowan, Stockport.
Dr. J. Mennell, London.
Sir Morton Smart, London.
Sir R. Stanton Woods, London.
Capt. H. Burt, Kingston-on-Thames.
1 vacancy.
President for the time being of the Physical Medicine Section of the Royal Society of Medicine.
Representative of Spa Practitioners Group Committee.
Representative of Radiologists Group Committee.

Psychological Medicine Group Committee

Dr. N. M. H. Burke, St. Albans.
Prof. Millais Culpin, London.
Dr. R. Eager, Exeter.
Dr. T. Lindsay, Caterham.
Prof. J. H. MacDonald, Luss.
Dr. W. G. Masefield, Brentwood.
Dr. Doris M. Odlum, Bournemouth.
Lieut.-Col. A. A. W. Petrie, Sutton.
Dr. R. M. Stewart, Leavesden.

Radiologists Group Committee

Dr. M. H. Jupe, London.
Lieut.-Col. R. Boulton Myles, Worthing.
Dr. Ralston Paterson, Manchester.
Dr. R. E. Roberts, Liverpool.
Dr. S. Cochrane Shanks, London.
Dr. C. G. Teall, Birmingham.

Spa Practitioners Group Committee

Dr. L. H. H. Boys, Woodhall Spa.
Dr. J. B. Burt, Bath.
Dr. F. Clayton, Leamington.
Dr. E. C. Cosgrove, Buxton.
Dr. A. R. Neligan, Droitwich.
Dr. W. Yeoman, Harrogate.

OTHER COMMITTEES

Joint Committee of B.M.A. and Trades Union Congress

B.M.A. Representatives:

Dr. H. Guy Dain, Birmingham (Chairman of Council).
Prof. A. H. Burgess, Cheadle, Cheshire.
Dr. R. W. Cockshut, London.
Dr. J. Fenton, London.
Dr. E. A. Gregg, London.
Dr. J. A. L. Vaughan Jones, Leeds.
Mr. R. L. Newell, Cheadle, Cheshire.
Dr. S Wand, Birmingham.

Building Committee

Mr. H. S. Souttar, London (President).
Dr. J. B. Miller, Bishopbriggs (Chairman of Representative Body).
Dr. H. Guy Dain, Birmingham (Chairman of Council).
Dr. J. W. Bone, Luton (Treasurer).
Mr. L. Dougal Callander, Doncaster.
Dr. O. C. Carter, Bournemouth.
Mr. A. Staveley Gough, Watford.
Mr. A. M. A. Moore, London.
Dr. J. G. Thwaites, Brighton.
Mr. A. Dickson Wright, London.

Care of Children Committee

Dr. H. Guy Dain, Birmingham (Chairman of Council).
Dr. Janet K. Aitken, London.
Dr. W. Mary Burbury, Manchester.
Dr. J. Fenton, London.
Dr. W. F. Gaisford, Rowington, Warwicks.
Dr. H. C. Gilmore, London.
Dr. R. G. Gordon, Limpley Stoke.
Prof. L. G. Parsons, Birmingham.
Dr. C. O. Stallybrass, Heswall.
Dr. J. G. Thwaites, Brighton.

Compensation and Superannuation Committee

Mr. H. S. Souttar, London (President).
Dr. H. Guy Dain, Birmingham (Chairman of Council).
Dr. G. F. Buchan, London.
Dr. E. A. Gregg, London.
Dr. J. A. L. Vaughan Jones, Leeds.
Dr. A. T. Rogers, Bromley.
Dr. S. Wand, Birmingham.

Committee re Education Act

Mr. H. S. Souttar, London (President).
Dr. J. B. Miller, Bishopbriggs (Chairman of Representative Body).
Dr. H. Guy Dain, Birmingham (Chairman of Council).
Dr. J. W. Bone, Luton (Treasurer).
Dr. J. M. H. Campbell, London.
Dr. W. E. Dornan, Sheffield.
Dr. J. Fenton, London.
Mr. A. M. A. Moore, London.
Mr. O. G. Morgan, London.
Mr. R. L. Newell, Manchester.
Dr. Doris Odlum, Bournemouth.
Mr. F. C. Ormerod, London.
Dr. J. A. Pridham, Weymouth.
Dr. S. Wand, Birmingham.
Mr. N. E. Waterfield, Little Bookham.

International Relations Committee

Mr. H. S. Souttar, London (President).
Dr. J. B. Miller, Bishopbriggs (Chairman of Representative Body).
Dr. H. Guy Dain, Birmingham (Chairman of Council).
Dr. J. W. Bone, Luton (Treasurer).
Dr. Alfred Cox, London.
Dr. John Clayre, Southampton.
Dr. S. C. Dyke, Wolverhampton.
Dr. J. C. Matthews, Downton.
Dr. J. A. Pridham, Weymouth.
Capt. S. Laurie Smith, Brookwood.
Dr. G. de Swiet, London.
Dr. N. E. Waterfield, Little Bookham.
Chairman of Organization Committee.
Chairman of Journal Committee.

Medical Curriculum Committee

Mr. H. S. Souttar, London (President).
Dr. J. B. Miller, Bishopbriggs (Chairman of Representative Body).
Dr. H. Guy Dain, Birmingham (Chairman of Council).
Dr. J. W. Bone, Luton (Treasurer).
Dr. Janet K. Aitken, London.
Prof. Henry Cohen, Liverpool.
Mr. V. Zachary Cope, London.
Dr. Anthony Feiling, London.
Dr. R. G. Gordon, Bath.
Dr. F. Gray, London.
Dr. E. A. Gregg, London.
Dr. G. MacFeat, Douglas, Lanarkshire.
Mr. R. L. Newell, Manchester.
Prof. L. G. Parsons, Birmingham.
Dr. F. M. Rose, Preston.

Mr. I Simson Hall, Edinburgh.
Prof. Sydney Smith, Edinburgh.
Dr. J. G. Thwaites, Brighton.
1 representative of British Medical Students Association.

Parliamentary Elections Committee

Mr. H. S. Souttar, London (President).
Dr. J. B. Miller, Bishopbriggs (Chairman of Representative Body).
Dr. H. Guy Dain, Birmingham (Chairman of Council).
Dr. J. W. Bone, Luton (Treasurer).
Mr. V. Zachary Cope, London.
Dr. H. R. Frederick, Port Talbot.
Dr. E. A. Gregg, London.
Mrs. Philippa Martin, London.
Dr. J. G. Thwaites, Brighton.
Dr. S. Wand, Birmingham.

Protection of Practices Committee

Dr. H. Guy Dain, Birmingham (Chairman of Council).
Dr. J. W. Bone, Luton (Treasurer).
Dr. B. E. A. Batt, Bury St. Edmunds.
Dr. A. Beauchamp, Birmingham.
Dr. H. C. Boyde, London.
Dr. P. Martin Brodie, Edinburgh.
Dr. Alfred Cox, London.
Dr. R. Forbes, London.
Dr. F. Gray, London.
Dr. E. A. Gregg, London.
Dr. W. V. Howells, Swansea.
Dr. J. A. L. Vaughan Jones, Leeds.
Dr. R. G. McGowan, Manchester.
Mr. Weldon P. T. Watts, Newcastle-upon-Tyne.

Public Relations Committee

Dr. H. Guy Dain, Birmingham (Chairman of Council).
Dr. J. W. Bone, Luton (Treasurer).
Mr. A. Staveley Gough, Watford.
President of Royal College of Physicians (or nominee).
President of Royal College of Surgeons (or nominee).
3 representatives of Insurance Acts Committee:
Dr. E. A. Gregg, London.
Dr. J. Hallam, Burslem.
Dr. A. T. Rogers, Bromley.

Rehabilitation Committee

Dr. H. Guy Dain, Birmingham (Chairman of Council).
Mr. J. D. M. Cardell, London.
Air Commodore O. Clarke, London.
Dr. F. S. Cooksey, Epsom.
Mr. V. Zachary Cope, London.
Brigadier F. A. E. Crew, London.
Major J. J. R. Duthie, Aberdeen.
Prof. A. W. M. Ellis, Oxford.
Prof. T. Ferguson, Falkirk.
Mr. W. C. Gissane, Birmingham.
Dr. I. D. Grant, Glasgow.
Dr. E. A. Gregg, London.
Dr. F. R. G. Heaf, Berkhamsted.
Brigadier F. D. Howitt, London.
Dr. Donald Hunter, London.
Dr. J. T. Ingram, Leeds.
Dr. J. A. L. Vaughan Jones, Leeds.
Prof. R. E. Lane, Manchester.
Dr. A. J. Lewis, London.
Dr. G. MacFeat, Douglas, Lanarkshire.
Mr. A. H. McIndoe, London.
Dr. H. M. C. Macaulay, London.
Mr. A. Miller, Glasgow.
Mr. A. M. A. Moore, London.
Dr. H. B. Morgan, M.P., London.
Dr. A. R. Neligan, Droitwich.
Mr. R. L. Newell, Cheadle, Cheshire.
Mr. D. C. Norris, London.
Dr. Donald Stewart, Birmingham.
Dr. E. H. Strange, London.
Dr. S. Wand, Birmingham.
Sir Reginald Watson-Jones, London.

The Negotiating Committee

16 *Representatives of the B.M.A.:*
Mr. H. S. Souttar, London (President).
Dr. J. B. Miller, Bishopbriggs (Chairman of Representative Body).
Dr. H. Guy Dain, Birmingham (Chairman of Council).
Dr. J. A. Brown, Birmingham.
Dr. F. Gray, London.
Dr. E. A. Gregg, London.
Mr. R. L. Newell, Manchester.
Dr. S. Wand, Birmingham.
Dr. P. Martin Brodie, Edinburgh.
Dr. J. F. Lambie, Glasgow.
Dr. A. T. Rogers, Bromley.
Dr. J. A. L. Vaughan Jones, Leeds.
Dr. G. H. Sedgwick, Rotherham.
Dr. J. C. Arthur, Low Fell.
Dr. S. A. Winstanley, Urmston.
Dr. R. W. Cockshut, London.
3 Representatives of Royal College of Physicians:
Lord Moran, London.
Dr. H. E. A. Boldero, Stanmore.
Prof. Henry Cohen, Liverpool.
3 Representatives of Royal College of Surgeons:
Sir Alfred Webb-Johnson, London.
Mr. V. Zachary Cope, London.
Mr. A. Tudor Edwards, London.
Representatives of Royal College of Obstetricians and Gynaecologists:
Mr. Eardley L. Holland, London.
Mr. A. A. Gemmell, Liverpool.
3 Representatives of Royal Scottish Medical Corporations:
Prof. C. McNeil, Edinburgh.
Mr. H. Wade, Edinburgh.
Dr. J. H. Macdonald, Luss.
2 Representatives of Society of Medical Officers of Health:
Dr. G. F. Buchan, London.
Dr. R. H. H. Jolly, Wolverhampton.
1 Representative of Medical Women's Federation:
Dr. Mary Esslemont, Aberdeen.
1 Representative of Society of Apothecaries:
Dr. H. Seaward Morley, Midhurst.

MEDICAL SICKNESS AND LIFE ASSURANCE

The annual general meeting of the Medical Sickness, Annuity and Life Assurance Society, Ltd., was held at the house of the Medical Society of London on July 23, Mr. R. J. McNeill Love presiding. Presenting the report of the sixtieth year of the Society's work, the chairman said that at the previous meeting he had announced further concessions concerning payment of sickness benefit to members over-seas who had become incapacitated by sickness or accident not due to enemy action. As the Government had announced it would not interfere for the present with the sale and purchase of practices, the Society was proceeding with the scheme for lending money for such purchase. The rate of interest was fixed at 5% and was independent of bank rate. Graduated payments of capital were worked out so as to lessen the cost in early years. Since the scheme was started in 1926 loans had been granted to 381 practitioners for a total of £593,255, of which the balance outstanding was £107,697. Turning to the annual accounts, Mr. McNeill Love said that the new business for life assurance fund totalled £224,840. Claims by death amounted to £19,667. In the sickness fund the premium income was £134,241, and the benefit paid £74,522. The total fund now amounted to £1,196,916. The funds of the Society had increased to over £3,000,000, of which about half was in British Government securities. The Society was still at Chesterton, Cirencester, but it was hoped that the next meeting would be held in the new offices at 7, Cavendish Square, London.

The report was adopted unanimously, and the retiring directors, Dr. G. Roche Lynch and Dr. A. Hope Gosse, were re-elected.

RETURN TO PRACTICE

The Central Medical War Committee announces that the following have resumed civilian practice: Mr. W. Muir Dickson, F.R.C.S., at 144, Harley Street, London, W.1; Dr. Hugh Morris, at 11, St. John Street, Manchester; and Mr. Hope Carlton, F.R.C.S., at 86, Brook Street, Grosvenor Square, London, W.1.

The Medical Planning Committee set up by the Council of the New Zealand branch of the B.M.A. to review the present state of the medical services in New Zealand considered that medical education came within its terms of reference, and it has now issued a first section of its report dealing with undergraduate teaching and training. This will be followed at an early date by a second section on postgraduate education, which will also make recommendations arising from both parts of the report.

Correspondence

Demobilization of Navy M.O.s

SIR,—I am just sailing to an appointment in the Pacific zone. My demobilization group is 20, and after 6 years' service in all parts of the world I am hoping to settle in practice soon. On inquiry at the Admiralty I find that there is no plan yet to release more than the first seven groups of medical officers. I can get no approximate date for my release, and the only consolation offered for this oversea appointment is that I shall probably be returned to this country a few weeks after my demobilization date. This is not good enough, and hundreds of people like myself are disgruntled. We can only hope that the C.M.W.C. and the medical members of Parliament will not forget us.—I am, etc.,

"ANOTHER SURG. LIEUT.-CMDR., R.N.V.R."

Doctors and the New Government

SIR,—On the threshold of peace the people of Britain made a great decision with a courage matching that with which they went to war. They chose a new Government and gave it power to reconstruct the basis of their national life. They rejected the more cautious method of trying to improve on all the old foundations, no doubt because they believed that many of these were too shaky.

The medical profession had already expressed its disfavour with the National Health Service proposals of the Coalition Government. Because it had done so, the Press and many people appear to believe that it will be equally anxious to reject the proposals of the new Government. Is this necessarily to be?

Doctors certainly sought to safeguard their profession in a system which condemned a planned economy and acclaimed private enterprise as the sure road to success. It does not follow that they will be slow to co-operate when most people have decided that there is a better road.

It may be some time before new proposals are made known and before the Negotiating Committee meets the new Minister of Health. Meanwhile, it would be well to ensure that the latest medical opinion will be truly represented. May I suggest that the B.M.A. might take advantage of the interval by reopening discussion among its members?—I am, etc.,

R. R. WILSON,
Edinburgh. Temp. Surg. Lieut., R.N.V.R.

Doctors and the Election

SIR,—I do not think Dr. Cyril Sherris's letter (*Supplement*, Aug. 11, p. 44) should go unchallenged, for he asserts that the public has given a decided answer in favour of a whole-time National Health Service, as advocated by the Labour Party.

Lord Quickswood, writing in the *Sunday Times* of Aug. 12, said: "The defects of our representative system, which have long been known, were vividly brought to notice. The Proportional Representation Society point out that if the Labour Party had obtained only the number of seats proportioned to the votes given to it, they would have had (out of 624 contested seats) 299, instead of 388; the Conservatives 248,

instead of 209; and the Liberal Party 57, instead of 11—that is to say, the Labour Party would just have failed to get an absolute majority."

It would seem, therefore, that the public has *not* approved of the Labour Party's idea of a National Health Service.—I am, etc.,

London, W.1. GEOFFREY DUCKWORTH.

Socialization of Medicine

SIR,—Now that the people have voted for Socialism it would seem imperative that the medical profession should at once stop considering how "to patch up the old hulk" (which is what the late Government in a White Paper declared to be its policy), and to begin to consider how to achieve a real socialization of the profession.

There are two possibilities. One is to "socialize" the doctors through a State medical service; this makes all doctors servants of the State. The disadvantage of such a procedure is that it disrupts the direct relationship between the doctor and his patient, upon which ethic medicine is based.

The alternative is to "socialize" the tools and instruments of medicine so that all doctors are provided with that which is necessary to them to carry on their profession with due efficiency and dignity. It must be remarked that every medical student is trained in the use of the tools and instruments of medicine, and that every doctor, once qualified, is denied their use unless he is lucky enough to become a specialist, or rich enough to afford to buy them for himself.

One method of socializing the tools and instruments of medicine has already been put forward by Dr. Scott Williamson in *Physician, Heal Thyself*. True, it is a very radical change in medical organization and in the organization of medical teaching that is advanced in this book. But will anything but a radical change bring medicine to that state of efficiency demanded by the people?—I am, etc.,

Coventry. K. E. BARLOW.

Short-service Commissions and Gratuities

SIR,—To the spate of correspondence about medical man-power and demobilization may I add one further comment. Many medical officers obtained short-service commissions in 1937 and 1938 and completed their five years in 1942 and 1943 respectively. Surely their "conscripted" service dates from the completion of their five years' service and not from the outbreak of war.

As has already been commented on, their gratuity is ten times that of the wartime medical officer, yet they enjoy the same privileges for demobilization, and in some cases their "conscripted" service will be shorter than that of the wartime medical officer called up in 1941 or 1942.—I am, etc.,

"M.O. BURMA."

Gratuities

SIR,—Upon joining the R.A.F. Medical Service in 1939 we were told that war gratuities would most likely be based on the same terms as those of a short-service commission. This was accepted in good faith and many medical officers looked forward to this nest-egg to come back to whatever else might happen. It came as a surprise and shock that we were only to be paid a gratuity at the same rates as a general service officer (wartime). Now extended Service commissions are announced to non-regular officers carrying with them a suitable gratuity, which seems to indicate that it was intended in 1939 to pay a gratuity for war service based on short-service terms, but something has come about to stop it.

It is very gratifying that the profession as a whole have contributed to a Medical War Relief Fund to assist men from the Services returning to civilian practice, but I suggest that it would be far better if the profession as a whole, through the B.M.A., would press for the payment of the proper gratuity. After all, it has been earned by many of us, and would go a long way towards starting again in practice without having to seek help from the relief fund. I hope that other medical officers will now take up this matter as well to press for payment of the war gratuity on short-service commission terms.—I am, etc.,

JAMES LOWTHER.

Acklington, Nr. Morpeth.

Divide and Govern

SIR,—At the Annual Representative Meeting Mr. Lawrence Abel publicly suggested that of all doctors medical officers of health ought to have the lowest scale of pay (*Supplement*, Aug. 4, p. 33). Such a remark is calculated to start disunity in the profession, especially as the 4,000 doctors in the existing public health services are fully aware that their training is far longer than that of most practitioners: the D.P.H. course alone occupies a year, and it takes several years to obtain the necessary postgraduate experience in fevers, tuberculosis, V.D., children's diseases, etc.

Mr. Abel seems to despise those who are not clinicians. It is worth while to remember that, except in large cities and counties, medical officers of health have numerous clinical duties. For example, in a town of about 50,000 inhabitants I devote about 30 hours weekly to clinical work (fever hospital, fever consultations, infant welfare clinics, school medical examinations, etc.) and about 30 hours to administrative duties. It is also worth while to remember that people who combine administrative and clinical duties do not find that the former are easier and less exacting.

Consider what would happen if, as a result of Mr. Abel's remarks, the salaries of medical officers of health remained low. Obviously the salaries of assistant medical officers of health (many of whom reach the retiring age while still in that category) would have to be still lower. But most assistant medical officers of health are engaged mainly or wholly in clinical work: their main difference from general practitioners lies in the length of training. Hence the salaries of practitioners would fall correspondingly. Indeed, having fixed the salaries of public health workers at a low level, the Government could argue that it must keep practitioners' salaries equally low to prevent the younger assistant medical officers of health from switching over to general practice.

This is no time for internal strife in the profession. Beware of the old motto, *Divide et impera*. To secure decent conditions for the whole profession it is vital that all of us—surgeons and gynaecologists, physicians and medical officers of health, research workers, factory doctors, and (the backbone of the profession) general practitioners—should stand firmly united. In unity lies strength; in sectional feuds lies the ruin of the profession and of the medical services of Britain.—I am, etc.,

Mansfield. I. A. G. MACQUEEN.

Insurance Practitioner's Failure to Visit

SIR,—I trust that the action of the G.M.C. in erasing the name of a practitioner for failure to visit, as reported in the *Supplement* of July 28 (p. 16), will not pass without comment. Although in your reports only an outline of the proceedings is possible, on several occasions lately it has appeared that the livelihood of medical men has been taken away on comparatively trivial pretexts. Certification has played a large part in the proceedings, which is very ominous in view of the State medical service with which we are now faced. It is a serious thing that the G.M.C. is a court against which there is no appeal. There is no other body in our corporate life which has the power to take away summarily a man's power to support himself and his family. As medical men we have no other trade to which to turn our hand. It appears to me that this power should only be exercised in cases where a man is obviously unfit for the profession. We accept the G.M.C.'s rulings with never a protest.

In the case in point each of these panel patients—and they were all panel patients—had their remedy. They could have transferred to the list of another doctor or they could have called in another doctor whose fees would have been deducted from Dr. Flatley's remuneration. Dr. Flatley's contract was not with his patients but with the panel committee. The panel committee could have had him removed from the panel. But even at the time of the hearing Dr. Flatley was still on the Salford panel. The neglect of patients cannot be defended, but if these had been private patients the question of taking away Dr. Flatley's livelihood would not have occurred to them. I frankly do not consider that Dr. Flatley acted in an "infamous" way. From his own evidence he is a sick man, and not only that, he was surrounded with unusual difficulties. There may have been other relevant evidence which contributed to the decision of the G.M.C., but on the evidence reported I submit that an injustice has been done to Dr. Flatley, of whom, by the way, I have not the slightest acquaintance. It is a pity in my judgment that there is no court of appeal.—I am, etc.,

Histon, Cambs. A. E. MOORE.

Doctors' Cars

SIR,—The two letters on doctors' cars by Dr. T. Cradock Henry and Dr. Ian M. Jefferiss (*Supplement*, July 21, p. 13) prompt me to write not only to say I concur but to add some things they omit.

During the six weary war years the cars of civilian doctors have given hard service, through black-out and blitz, day and night, week-days and Sundays, summer and winter. They have had little or no servicing as we knew it in pre-war days. Indeed, in those bygone happy days a car was designed for about two years' work, after which it was traded in for a new one. Great credit is due to the motor designers for giving us cars that would render such faithful mechanical service as we have had from them.

But there is a limit. Our cars are wearing out; indeed, some of them, like us, are actually worn out. For the past six years we have been unable to put

our cars into dock, even if we could find a dock into which to put them. Garages formerly efficient and obliging are now scarce and almost uncivil; if you are foolish enough to run out of petrol or, worse, break down after 5 p.m., Heaven help you, for there is no garage that will. Moreover, the conditions which prevailed during the war years look like persisting. To-day a doctor's car may need re-boring and other vital replacements and adjustments to be made to it; yet a doctor cannot get these important matters attended to for at least two reasons. First, it is well-nigh impossible to get the loan of a replacement car temporarily, and, secondly, the time lag is insufferable, complicated by the introduction of basic petrol and labour shortage.

Yet, during all the war years and even up to the time of writing, I know of no organized effort on the part of either the B.M.A. or any other authoritative body to get matters ameliorated. I remember a poster in the early days of the war: "Your freedom is in peril, defend it with all your might." Now I think it will be conceded that civilian doctors have rallied to this call, but what about the freedom? Before the days of this poster I could buy what car I liked, when I liked, where I liked. I could have as much petrol as I could afford by day or by night; I could have repairs, replacements, additions, necessary or otherwise, at competitive prices and with minimum of delay; and when you have contrasted that picture with the one of to-day, you can come to only one conclusion—the motoring doctor can "go to . . . Jericho."

I am hoping that other doctors will give voice and ask the Association to act, and to act quickly and effectively.—I am, etc.,

B. RICHARDSON BILLINGS.

Petts Wood.

*** The B.M.A. has obtained from the Ministry of War Transport an assurance that a very high priority is given to members of the profession in the allocation of new cars now being released to civilian users. Similarly, through its regional machinery, the Ministry is prepared to expedite repairs and replacements for doctors' cars (*Supplement*, March 24, p. 45). Throughout the war the supply of petrol to doctors has been under the supervision of medical advisers to Divisional Petroleum Officers.—ED., *B.M.J.*

Illogical

SIR,—Two paragraphs from a political correspondent's notes in a Sunday paper are significant in showing the illogical attitude of those who support the new Government. "Mr. Shinwell," the paper says, "before taking final decisions" (on the matter of nationalization of the coal mines) "*will be guided by the views of* [among others] *the National Union of Mineworkers.*" So far so good, but in the matter of a National Health Service the paper says: "Whether the amendments sought by the medical profession will be accepted by the Government is doubtful at the moment." Why should the views of the workers in one phase of national life be taken as guidance and the views of another group be considered in a different light? Is it because the medical profession can never enforce its views by a "go slow" campaign?—I am, etc.,

London, N.6. W. LEES TEMPLETON.

Regional Medical Officer

SIR,—I have been trying in vain to obtain help in my practice for many months, so you can imagine that it is with disgust and despair for the future of the G.P. that I note the return to duty of that superfluous individual—the R.M.O. Has the B.M.A. made any protest against this glaring misuse of medical man-power?—I am, etc.,

Bristol. D. KIPPAX.

Medical Benefit under Police Regulations

SIR,—This week I have come across a class of worker not covered by the National Health Insurance Act yet employed by the State. This man, a member of the local police force, is suffering from a duodenal ulcer, and, by virtue of his not being incapacitated for duty, is not entitled to medical benefit as approved by the police authorities. It is to be hoped that police regulations will be corrected in the near future.—I am, etc.,

Dunstable. J. KELSALL THOMAS.

Health Centres and the Scientific Method

SIR,—If ever one was justified in making use of the platitude "It all depends on what you mean" it is surely when discussing health centres. With the help of a mathematician I attempted to calculate the various types of health centres which could be established, depending on the scope, technique of staff, equipment, etc. Taking only reasonable probabilities into account, there are over a thousand different varieties, and significant difference of data might be looked for from each institution.

With the modern development of specialization there have grown up two schools of thought amongst practitioners: "How can I make use of my hospital training in the treatment of this patient?" and the other: "What is the best that can be done for this patient?" The cynic calls the one school "mercenary" because he "hangs on to his patient," and the other "lazy" because he "always tries to send his patients into hospital." I belong to the latter. As there are these two schools of thought, and as there can be all these varieties of institutions, it is necessary to make a careful study of the White Paper and the Goodenough report to discover what is in the mind of the Ministry and what function the general practitioner is expected to fulfil in the new scheme.

The White Paper (p. 57) expresses the need for a new attitude in patient and doctor. That, I assume, means prevention rather than cure. In my article (*Supplement*, Jan. 6, p. 1) I showed that for major disabilities the distance of the patient from the consulting-room of his panel doctor does not affect medical statistics, but that for minor disabilities it does. Whether a doctor happens to be a single practitioner or one of a group does not affect this rule, but as the grouping of doctors in health centres must increase the average distance which patients have to travel so the total number of maladies seen by the doctors will fall.

So far as individual illnesses are concerned this may be unimportant: the major illnesses are seen and the minor recover without medical attention. But social medicine is certainly affected. Might I give a simple example? Dr. Percy Stocks estimated that during the 1943 epidemic about 24% of the population aged 16 to 65 "suffered an illness regarded by them as influenzal." Assuming the accuracy of this statement, I found that in the small circle within five minutes' walk of my surgery 90% of the patients were seen. So that to all intents and purposes if the service is convenient respiratory complaints can be seen in all their variations. Now, whether or not influenza and colds are separate entities, influenza epidemics are heralded by a sudden astonishing increase in the incidence of colds.

If these respiratory complaints during an epidemic period are inherently associated and are signs of a social illness, then surely the greatest opportunity to study the warning symptoms and what leads to them should be the aim of a Ministry of Health. These first symptoms are so trifling that the doctors must be handy if the people are to take the trouble to consult them. The doctors will be handier scattered in single practices than congregated in health centres. Therefore, from the point of view of preventive medicine, health centres will suffer from a serious inherent functional defect.—I am, etc.,

Halifax. A. GARVIE.

Injustice to Physiotherapists

SIR,—Will you allow me to draw the attention of the profession to an apparent injustice being done to the members of one of our medical auxiliary services. My daughter, a fully qualified chartered physiotherapist, has now, following qualification and one year's civilian hospital experience, been for three years a physiotherapist in the R.A.F. At the time of joining she was officially informed that she could not work in an R.A.F. hospital except by joining the W.A.A.F., so she and friends of similar experience did so, and on being posted to an R.A.F. hospital were given the rank of Sergeant.

Now, after three years, these physiotherapists are still N.C.O.s, apart from a very few who have been granted commissions as heads of R.A.F. departments. Meanwhile, however, times have changed, and it appears that the R.A.F. is employing civilian physiotherapists, very often to work in the same department as the W.A.A.F.s. These civilians are given officer status, they live in officers' billets, and are in every way better treated than the W.A.A.F. physiotherapists, although most of them have had much less experience, being in some cases just newly qualified.

The solution for this anomalous state of affairs, which, I understand, is causing much dissatisfaction, would appear to be that the W.A.A.F. physiotherapists should now be released from the Service on the condition that they return to an R.A.F. hospital as civilians. They would then receive their proper status, their length of service with the R.A.F. being also taken into account, and the anomaly of their working with others of less experience but higher rank would thus be obviated.—I am, etc.,

North Queensferry. A. J. BROCK.

Unemployed Doctors in Britain

SIR,—A friend just forwarded to me Prof. J. A. Ryle's timely letter on unemployed doctors (*Supplement*, July 28, p. 17). I would like to inform Prof. Ryle of some more cases similar to those mentioned in his letter. Several refugee doctors—about 60 to 80 so far as I know—are serving as M.O.s in H.M. Forces. A return to their country of origin can

hardly be considered for obvious reasons, while no preparations for emigration to other countries can be made by them owing to their present Service obligations, as well as to the uncertainty of their release dates. Most of them are on the temporary part of the *Register* only and will therefore be unable to practise medicine in England once the Emergency Powers Act has been repealed.

While on leave in London some two months ago I was informed that these cases were too few to justify an exception being made, and that it was not contemplated to grant any special facilities to ex-M.O.s to acquire a British degree. The difficulties of this side of the question have already been mentioned in Prof. Ryle's letter. It is also quite possible that the temporary registration will cease shortly after the demobilization of these M.O.s, so that they will be unable to avail themselves of the professional rehabilitation scheme open to all other M.O.s, or to accept hospital positions in order to get once more in touch with modern medicine.

The official policy of facilitating the return of ex-Service men to civilian life does not seem to apply to these M.O.s at the moment.—I am, etc.,

"CAPTAIN, B.L.A."

Reference of Patients to Tuberculosis Officer

SIR,—Will you allow me a little space to refer to the paragraph headed "Reference of Patients to Tuberculosis Officer" in the Proceedings of Council published in the *Supplement* of Aug. 11 (p. 39). I am sure everybody will support the strongest possible opposition to the circular suggesting that the Divisional Medical Officer should send a patient referred to him for opinion direct to the tuberculosis officer. But I must disagree entirely with the sentence which begins "Only if . . ." This can only mean that the D.M.O. will be empowered to say to the practitioner, "I suggest you refer this man to the tuberculosis officer. If you don't it will be done for and in spite of you." I quite admit that a sensible man will for his own protection send the patient to the T.O., even if he is strongly of opinion that it is not necessary, but I do resent the element of compulsion which is to be brought to bear and to which Dr. Gregg would appear to assent. In my humble view this is an example and a warning of what we may expect on a much greater scale if we allow ourselves to be dragooned into a State service under a Socialist Government.—I am, etc.,

Middlesbrough. G. H. LOWE.

Country Panel Practice

SIR,—I hope that the future of the medical profession is never to depend upon the ability of "the public" to read notices or directions printed upon a "form." Unless the panel patient of the past and present really requires the doctor's service, the average time of presenting his card may be anything up to six years. The law of average may be comforting, but the number of "floating" patients is not.

There is another curse to the country doctor just now. For a matter of 7s. 3d. we have convalescent or temporary patients foisted upon us who may require *one* to *forty* visits and perhaps the supply of expensive drugs all the time. Personally, I am getting tired of the muddling methods which merely cost me money and effort, as I have plenty to do without these "gifts." One unfortunate man, who left town without informing his doctor, was incurable, did not wish to die here, and, all for a whim, cost me about £15, and his family rather double that amount.—I am, etc.,

Coldingham. F. O. TAYLOR.

H.M. Forces Appointments

ROYAL NAVY

Surg. Capt. H. E. Y. White, C.V.O., O.B.E., to be Surg. Rear-Admiral.

Acting Surg. Lieut.-Cmdr. L. G. Topham to be Surg. Lieut.-Cmdr.

Surg. Lieuts. P. S. Fuller, D. J. O'Donoghue, and R. T. Smith to be Surg. Lieut.-Cmdrs.

TERRITORIAL ARMY

ROYAL ARMY MEDICAL CORPS

War Subs. Major G. A. Kane, T.D., to be Major.

War Subs. Capt. E. E. Evans to be Capt.

Capt. W. A. Bellamy has relinquished his commission on account of disability, and has been granted the honorary rank of Major.

War Subs. Capt. J. R. Milligan has relinquished his commission on account of disability, and has been granted the honorary rank of Capt.

LAND FORCES: EMERGENCY COMMISSIONS

ROYAL ARMY MEDICAL CORPS

War Subs. Capt. J. Collins has relinquished his commission on account of disability, and has been granted the honorary rank of Capt.

To be Lieuts.: J. E. P. G. Godenne, J. Gorman.

WOMEN'S FORCES

EMPLOYED WITH THE R.A.M.C.

War Subs. Capt. E. M. Henderson has relinquished her commission on account of disability.

ROYAL AIR FORCE

Group Capt. (Temp. Air Vice-Marshal) A. F. Rook, O.B.E., to be Air Cdre.

ROYAL AIR FORCE VOLUNTEER RESERVE

Fl. Lieut. T. L. P. Harries has relinquished his commission on account of medical unfitness for Air Force service, and retains the rank of Squad. Ldr.

Flying Officer R. H. C. Conyngham has relinquished his commission on account of medical unfitness for Air Force service, and retains his rank.

RESERVE OF AIR FORCE OFFICERS

Fl. Lieut. (Temp. Squad. Ldr.) W. J. Fowler has relinquished his commission on account of medical unfitness for Air Force service, and retains the rank of Squad. Ldr.

INDIAN MEDICAL SERVICE

Capts. B. H. Sayed, R. J. Henderson, C. W. A. Searle, and L. M. Kelly to be Majors.

EMERGENCY COMMISSIONS

Capts. G. A. Flann and K. J. L. Scott to be Majors.

COLONIAL MEDICAL SERVICE

The following appointments are announced: Margaret D. Miller, M.B., Ch.B., Medical Officer, Tanganyika Territory; H. A. Munro, L.R.C.P. & S.Ed., Medical Officer, St. Vincent, B.W.I.

B.M.A. LIBRARY

The following books were added to the Library during March and April, 1945:

Andrews, H. R., and Lack, V.: Midwifery for Nurses. Ninth edition. 1945.
Barker, F. A.: Modern Prison System of India. 1944.
Bierman, W.: Physical Medicine in General Practice. 1944
Brady, M. Y.: Having a Baby Easily. 1944.
Cluver, E. H.: Public Health in South Africa. Fourth edition. 1944.
Dobbin, L., and Mackenzie, J. E.: Salts and their Reactions. Seventh edition. 1944.
Duffy, B. J.: Food for Thought. 1944.
Evans, B.: The Psychiatry of Robert Burton. 1944.
Fisher, R. A.: Statistical Methods for Research Workers. Ninth edition. 1944.
Giles, G. H.: Practice of Orthoptics. 1943.
Gration, H. M.: Practice of Nursing. 1944.
Grüneberg, H.: Genetics of the Mouse. 1943.
Grundy, F.: A Handbook of Social Medicine. 1945.
Hartwell, D.: Dogs Against Darkness. 1944.
Herms, W. B., and Gray, H. F.: Mosquito Control. Second edition, revised. 1944.
Hill, D. W.: The Impact and Value of Science. 1944.
Horsley, J. S.: Narco-Analysis. 1943.
Houghton, M., and Harding, M.: Aids to Theatre Technique. 1944.
Jensen, F., and Weiskotten, H. G.: Medical Care of Discharged Hospital Patient. 1944.
Kudo, R. R.: Manual of Human Protozoa. 1944.
Linton, R. G., and Williamson, G.: Animal Nutrition and Veterinary Dietetics. 1943.
Loeb, L.: Biological Basis of Individuality. 1945.
Lowy, S.: Man and His Fellowmen. 1944.
Lyons, Sir Henry: The Royal Society, 1660-1940. 1944.
McCleary, G. F.: Race Suicide? 1945.
Myerson, M. C.: Tuberculosis of Ear, Nose and Throat. 1944.
Newns, G. H.: Aids to Materia Medica. Third edition. 1944.
Oakes, L.: Illustrations of Bandaging and First Aid. Third edition. 1944.
Pavey, A. E.: Clinical Procedures and their Background. 1944.
Pearce, E.: Medical and Nursing Dictionary and Encyclopaedia. Seventh edition. 1944.
Spaeth, E. B.: Principles and Practice of Ophthalmic Surgery. Third edition. 1944.
Thomas, E. W. C.: Synopsis of Forensic Medicine and Toxicology. Second edition. 1945.
Tobias, N.: Essentials of Dermatology. Second edition. 1944.
White, M. M.: Symptomatic Diagnosis and Treatment of Gynaecological Disorders. 1944.
Whiting, M. H.: Ophthalmic Nursing. Fourth edition. 1945.

B.M.A.: Branch and Division Meetings to be Held

WAKEFIELD, PONTEFRACT, AND CASTLEFORD DIVISION.—At Clayton Hospital, Sunday, Sept. 9, 11 a.m. Postgraduate Lecture by Dr. Leslie Watson: The Criteria for the Diagnosis of Organic Heart Disease: Neuro-circulatory Asthenia.

POSTGRADUATE NEWS

The Fellowship of Medicine announces the following courses: (1) Revision course in anaesthetics at Royal Cancer Hospital, Fulham Road, S.W., Oct. 8 to 20, with lectures and/or demonstrations daily. (2) All-day course in children's diseases at Princess Louise Hospital, Kensington, Sat. and Sun., Sept. 29 and 30. (3) All-day course in rheumatism at Rheumatic Unit, St. Stephen's Hospital, Fulham Road, S.W., Sat. and Sun., Oct. 20 and 21.

WEEKLY POSTGRADUATE DIARY

FELLOWSHIP OF MEDICINE, 1, Wimpole Street, W.—*Royal Cancer Hospital*, S.W.: Mon., Tues., and Wed., 6 p.m. to 8.15 p.m., Primary F.R.C.S. course. *West End Hospital for Nervous Diseases*, Welbeck Street, W.: Mon., Tues., and Fri., 2.30 p.m., M.R.C.P. course in neurology.

BIRTHS, MARRIAGES, & DEATHS

The charge for an insertion under this head is 10s. 6d. for 18 words or less. Extra words 3s. 6d. for each six or less. Payment should be forwarded with the notice, authenticated by the name and permanent address of the sender, and should reach the Advertisement Manager not later than first post Monday morning.

BIRTH

WILSON.—On July 30, 1945, at Alexandria, Dr. Barbara E. Wilson (*née* Clapham), wife of Dr. J. V. Wilson, M.R.C.P., a son.

ENGAGEMENT

HARGREAVES — THOMPSON. — The engagement is announced between John E. Hargreaves, Surgeon, Merchant Navy, only son of the late Dr. Robert Hargreaves and Mrs. Hargreaves, 30, Stumperlowe Hall Road, Sheffield, and Merle Elisabeth, eldest daughter of Mr. and Mrs. Hugh A. Thompson, Hastings, New Zealand.

MARRIAGES

GILLINGHAM—JUDE.—On Aug. 30, 1945, at Oxford, Francis John Gillingham, Major, R.A.M.C., to Irene Jude.

SHAW—HART.—On Aug. 17, 1945, at North Walsham, Norfolk, Capt. Richard Emmott Shaw, to Jean Hart, of North Walsham.

DEATHS

BARROWMAN.—On July 23, 1945, in India, Hamish Barrowman, M.B., Ch.B., D.P.H., Major, R.A.M.C., beloved husband of Margaret I. Yuille, 5, Marywood Square, Gasgow, S.1.

BROWN.—On Aug. 16, 1945, Alexander Brown, M.B.Lond., of Bartholomew Road, N.W.5.

O'SULLIVAN.—On Aug. 8, 1945, Kingsley Louis, L.R.C.P.&S.I., L.M.R., Major, R.A.M.C. (ret.), darling husband of Maisie, Coleford House, Coleford, Nr. Bath, Somerset.

WILSON.—On Aug. 24, 1945, at Shirley, Knaresborough, Janet Mary, dearly loved wife of Stanley P. Wilson and mother of Mary and Anne, aged 45.